

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission .....	10/04/2023 15:48 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	08/04/2023 22:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	471 YIO CHU KANG ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJQ4744C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TOH BEE FOONG
NRIC No .....	S7305275J
Email Address .....	JAQUESTOH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-92380884
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E200
Variant .....	MERCEDES BENZ / E200 AVG AUTO
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1991

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5093341180-05

#### DRIVER

Name of Driver .....	SARAH YEW
NRIC No .....	S9744350E
Date Of Birth .....	05/12/1997
Occupation .....	Indoor

Date Of Driving Pass .....	08/01/2018
Driving experience .....	5 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-83392824
Alt. Phone Number .....	-
Email Address .....	SARAHYJQ97@GMAIL.COM
Address .....	8 SERENADE WALK
Address complement .....	SINGAPORE
Postcode .....	575757
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMY4655Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	LIM SAN SIONG
Contact Number .....	(Phone) +65-92306601

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	0

**Describe Circumstances of the Accident**

On 8/4/23 at 1030hrs, I was driving off from the traffic light at 471 Yio Chu Kang Road. Suddenly, I felt an impact from the right side. I drove forward, alighted and realized that SMY4655Z had collided into my vehicle, SJQ4744C (on the right side). We exchanged particulars.

### Declaration

We declare the foregoing particulars ~~are~~ true in every respect.

  
Policyholder's Signature / Date &  
Time

10/4/23

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre  
Personnel



































